	K.12	1117	8207			
Statement of 0 Recipient Com		172	0 ) 0 /	Date Stamp		ORNIA 410
Statement Type	✓ Initial	☐ Amendment	☐ Termination – See Part 5			For Official Use Only
	Not yet qualified		Ri	CEIVED AND FILE!	City C	lerk's Office
	Or Date qualification throshold m	net Date qualification threshold me	et Date of termination	of the State of California		
	Date qualification tiffeshold in	let Date qualification threshold me	Date of termination		AU	6 28 <b>2020</b>
	//	//	//	JUL 22 2020	DEC	EIVED
1. Committee		ber	2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE	(if applicable)		NAME OF TREASURER			
Milpitas Familie	es for Anthony Phan 2020 -	City Council	Anthony Phan			
			STREET ADDRESS (NO P.O. BOX)			
			437 Greathouse D	)rive		
STREET ADDRESS (NO P.O.	. BOX}		CITY	STATE	ZIP CODE	AREA CODE/PHONE
437 Greathous	se Drive		Milpitas	CA	95035	4087264704
CITY		IP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURES	R, IF ANY		·
Milpitas	CA S	95035 408726470	4			
FULL MAILING ADDRESS (I	F DIFFERENT)	-	STREET ADDRESS (NO P.O. BOX)			
5 1111 12225 (222)		<u> </u>				
e-MAIL ADDRESS (REQUIR Voteanthonyph	•		CITY	STATE	ZIP CODE	AREA CODE/PHONE
COUNTY OF DOMICILE	JURISDICTION WHERE C	COMMUTTEE IS ACTIVE				
Santa Clara	City of Milpita		NAME OF PRINCIPAL OFFICER(S)			
- Januara	Oity of Wilipita		STREET ADDRESS (NO P.O. BOX)			
			3///LET ADD//LES (NO 1.0, 60A)			
Attach additions	linformation on annualistation	. Inhalad academatic and a set	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Attach adamona	l information on appropriately	i labelea conπnuation sneets.				
3. Verification	n de la companya de	Maria Landa and		THE STREET	- TOTAL - W.T.	THE PARTY OF THE PARTY OF
nenalty of periur	y under the laws of the State of	ng this statement and to the be	est of my knowledge the informa	tion contained herein is true a	and comple	te. I certify under
tree.	7/16/20 By	1 1	A -			
Executed on	By	/ 1.70	SIGNATURE OF TREASURER OR ASSISTANT TREASU	000		
Executed on/	7/16/20 By	Anth	trefler_			
	DATE	SIGNATURE OF COM	ITROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT	<del></del>	
Executed on	DATE By	SIGNATURE OF COM	TROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MESACITOS DECONOMISMA		
Executed on		SIGNATURE OF COM	TROCEING OFFICEROLDER, CANDIDALE, OR STATE	MEASURE PROPUNENT		
Executed Off	DATE By	SIGNATURE OF COM	NTROLLING OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT		

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization Recipient Committee NSTRUCTIONS ON REVERSE				CALIFORNIA 410
COMMITTEE NAME Milpitas Families for Anthony Phan 2020	- City Council		<del></del>	Page 2
	tution where the campaign bank account is located.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT I	NUMBER	<u> </u>
Wells Fargo	(408) 586-7682	To Follow		
ADDRESS	CITY	STATE	ZIP CODE	
1 S Milpitas Blvd	Milpitas	CA	95035	
4. Type of Committee Complete the	applicable sections.			
Controlled Committee				

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

- · List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

A	(INCLUDE DISTRICT NU	MBER IF APPLICABLE)	ELECTION	CHECK	ONE		
Anthony Phan	Councilmember, City o	f Milpitas	2020	Nonpartisan	Partisan	(list political pa	rty below)
			<u> </u>	✓			
				Nonpartisan	Partisan	(list political pa	rty below)
Primarily Formed Committee  Primarily formed to support or of CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	ITER) CANE	measures in a single  IDATE(S) OFFICE SOUGHT OR  (INCLUDE DISTRICT NO., CIT	HELD OR MEASU	RE(S) IURISDICTIO	ON E		
		(morable bisinier ito., err	TOR COURTY, AS	APPLICABLE		SUPPORT	OPPOSE
	<u> </u>					20110111	ST TOSE
					<u> </u>	SUPPORT	OPPOSE

**ELECTIVE OFFICE SOUGHT OR HELD** 

YEAR OF

PARTY

Statement of Organization Recipient Committee			Date Stamp	CALIFORNIA 110			
Statement Type  Initial		☐ Amendment		City Clerk's Office	FORM 410		
	Not yet qualified	☐ Amendment	Termination – See Part 5	JUL 17 2020	For Official Use Only		
or O Date qualification threshold met Date qualifi		Date qualification threshold met	e qualification threshold met Date of termination				
	//	//	//	RECEIVED	i e		
1. Committee	e Information I.D. Numbe	r	2. Treasurer and	Other Principal Officers			
NAME OF COMMITTEE			NAME OF TREASURER		·		
Milpitas Famili	es for Anthony Phan 2020 - Ci	ty Council	Anthony Phan		ş U		
			STREET ADDRESS (NO P.O. BOX)	· · · · · · · · · · · · · · · · · · ·			
			437 Greathouse Di	rive			
STREET ADDRESS (NO P.O.	,	<u> </u>	CITY	STATE	ZIP CODE AREA CODE/PHONE		
437 Greathous	se Drive		Milpitas	CA	95035 4087264704		
CITY	STATE ZIP CO		NAME OF ASSISTANT TREASURER,	, IF ANY			
Milpitas		035 4087264704			·		
FULL MAILING ADDRESS (	IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)				
E-MAIL ADDRESS (REQUIR			CITY	STATE	ZIP CODE AREA CODE/PHONE		
	an@gmail.com				3		
COUNTY OF DOMICILE	JURISDICTION WHERE COM	MITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)				
Santa Clara	City of Milpitas						
			STREET ADDRESS (NO P.O. BOX)				
Attach additiona	l information on appropriately la	beled continuation sheets.	СІТУ	STATE	ZIP CODE AREA CODE/PHONE		
3. Verificatio	n						
I have used all re	asonable diligence in preparing t	his statement and to the bes	t of my knowledge the informat	ion contained herein is true a	and complete. Leartify under		
penalty of perjur	y under the laws of the State of (	California that the foregoing i	is true and correct.	non contained herein is true a	and complete. Telliny under		
Executed on	7/16/20	And	tron Man				
	7 / DATE	/ sid	GNATURE OF TREASURER OR ASSISTANT TREASUR	EER			
Executed on	1/10/20 By	Anth	trufter				
	DAIL	SIGNATURE OF CONTR	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT			
Executed on	DATE By	SIGNATURE OF CONTR	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE N	ATA (10-5-00-00-00-00-00-00-00-00-00-00-00-00-			
Executed on	<b>D</b>	SIGNATURE OF CONTR	SOLLING OFFICEROLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT			
	DATE	SIGNATURE OF CONTR	ROLLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT			

## Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE

CALIFORNIA FORM	410
Page 2	
I.D. NUMBER	
3	

Milpitas Families for Anthony Phan 2020 - City (	<	•	I.D. NUMBER		
All committees must list the financial institution	where the campaign bank account is located.	· · · · · · · · · · · · · · · · · · ·	15	3	
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NO	JMBER		
Wells Fargo	(408) 586-7682	To Follow			
ADDRESS	CITY	STATE	ZIP CODE		- 1
1 S Milpitas Blvd	Milpitas	CA	95035		

## 4. Type of Committee Complete the applicable sections.

## Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	(INCLUDE DISTRICT NUMBER IF APPLICABL	.E) YEAR OF ELECTION	PARTY CHECK ONE			
Anthony Phan	Councilmember, City of Milpitas	2020	Nonpartisan	Partisan	(list political par	ty below)
			✓			
			Nonpartisan	Partisan	(list political par	ty below)
Primarily Formed Committee Primarily formed to support or	oppose specific candidates or measures in a	single election. Lis	st below:	14)		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAMI		OUGHT OR HELD OR MEAS T NO., CITY OR COUNTY, A		ION	CHECK	ONE
					SUPPORT	OPPOSE
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